

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212518810		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: NATIONAL ASSOCIATION OF CREDIT MANAGEMENT OFFFLORIDA, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES D FULLERTON 12642 CHAPEL RD CLIFTON, VA 20124</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: FL</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2012</p> <p>SCC ID NO: F1830308</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 6290 EDGEWATER DRIVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ORLANDO, FL 32810</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANTONY GODDARD TITLE: PRESIDENT ADDRESS: 62910 EDGEWATER DRIVE CITY/ST/ZIP/CO: ORLANDO, FL 32810 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ANTONY GODDARD TITLE: PRESIDENT ADDRESS: 62910 EDGEWATER DRIVE CITY/ST/ZIP/CO: ORLANDO, FL 32810	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE LINLEY DIRECTOR 1001 JUPITER PARK DR STE 108 JUPITER, FL 33458	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM SACHER DIRECTOR 2665 S BAYSHORE DR STE 904 COCONUT GROVE, FL 33133	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY TAGGART DIRECTOR 7765 OLD TELEGRAPH RD SEVERN, MD 21144	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ART TIGERA DIRECTOR 2850 NW 120TH TERRACE MIAMI, FL 33167	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL WRIGHT DIRECTOR 6701 90TH AVE N PINELLAS PARK, FL 33782	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY MEELER DIRECTOR PO BOX 37339 RALEIGH, NC 27627-7339	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHASITY BENITEZ SECRETARY 6290 EDGEWATER DR ORLANDO, FL 32810	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ANTONY GODDARD		ANTONY GODDARD, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		5/21/2012	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			